

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155694		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/03/2012	
NAME OF PROVIDER OR SUPPLIER BETZ NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 116 BETZ RD AUBURN, IN 46706			
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/03/12</p> <p>Facility Number: 000306 Provider Number: 155694 AIM Number: 100273860</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Betz Nursing Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors with battery operated smoke detectors in the resident rooms. The facility has a capacity of 115 and had a census of 105 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had an unsprinklered generator room and a pole barn providing storage of maintenance equipment and general storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/05/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 Activity room corridor doors in a set closed and latched into the door frame. This deficient practice could affect residents in the Activity room which has a capacity of 8 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 10/03/12 at 2:18 p.m., both of the double corridor doors entering the Activity room would not latch into the door frame. The right side door did latch into the frame,</p>			K0018	<p>It is the practice of this provider to provide corridor doors that latch into the door frame. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Latching hardware will be installed on the activity room door by Haney Glass. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Eight residents had the potential to be affected by the alleged deficient practice. The maintenance supervisor has contracted to have the latching hardware installed on this one door in question. What measures will be put into place or what systemic changes will you make to insure that the deficient practice does not recur? All future</p>		11/02/2012

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	<p>but the left door required a key to deadbolt the door into the stationary right door. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>			<p>renovations will be inspected prior to acceptance to insure that all corridor access doors have latching hardware. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? A Life Safety CQI tool will be utilized to monitor compliance. The maintenance director will complete the tool and the Executive Director will review to insure compliance. This tool will be submitted for review at the monthly safety meeting if threshold is not achieved.</p>			

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K0051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 smoke detectors in the 700 hall shower room entrance area was installed where air flow would not adversely affect their operation. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 20 residents in the 700 hall.</p> <p>Findings include:</p>			K0051	<p>It is the practice of this provider to ensure that smoke detectors are installed where their operation is not adversely affected by air flow. What corrective action will be accomplished for those residents found to have been adversely affected by the deficient practice? The maintenance supervisor contracted with IEI, Inc to move the smoke detector that was adversely affecting air flow in the 700 hallway. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? 20 residents have the potential to be affected by the alleged deficient practice. The maintenance</p>		10/16/2012

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	<p>Based on an observation with the Maintenance Supervisor on 10/03/12 at 12:40 p.m., the smoke detector in 700 hall entrance area to the shower room was located within three feet of an air supply duct. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>				<p>supervisor contracted IEI, Inc to move the smoke detector that was installed in the improper location. What measures will be put into place or what systemic changes will you make to insure that the deficient practice does not recur? All future renovations will be inspected prior to acceptance to insure that smoke detectors are not placed such that air flow will adversely affect their operation. How will the corrective action be monitored to insure the deficient practice will not recur, i.e., what quality assurance program will be put into place? A life safety review CQI tool will be utilized to check placement of smoke detectors. This tool will be completed by the maintenance supervisor and submitted to the safety committee for review at the next monthly meeting. The Executive Director is responsible to insure compliance.</p>		

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 2 of 7 sprinkler heads in the Therapy corridor and 4 of 4 sprinkler heads in the Activity room kitchen were separated by at least six feet as required by NFPA 13. NFPA 13 Section 5-6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect any resident in the Therapy corridor and the Activity room kitchen with a capacity of 4 residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on</p>			K0056	<p>It is the practice of this provider to ensure that sprinkler heads are separated by at least 6 feet as required by NFPA 13. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The maintenance supervisor contracted with PIPE, Inc to properly position sprinkler heads in Therapy corridor and Activity room kitchen area. 2 in the activity area were removed and one in the hallway was repositioned to provide the proper coverage. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? 80 residents have the potential to be affected by the one in the therapy corridor and 8 residents have the potential to be affected by the 4 in</p>		11/02/2012

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	<p>10/03/12 at 1:23 p.m. and then again at 2:12 p.m., the Therapy hall had two sprinkler heads located five foot one inch apart and the Activity room kitchen had four sprinkler heads located five foot three inches apart. Measurements were provided by the Maintenance Supervisor at the time of observations.</p> <p>3.1-19(b)</p>			<p>the activity kitchen area. The maintenance supervisor contracted with PIPE, Inc to properly position sprinkler heads in order to give the proper/required coverage. What measures will be put into place or what systemic changes will you make to insure that the deficient practice does not recur? All future renovations will be inspected prior to acceptance to insure that sprinkler heads are separated by at least 6 feet as required by NFPA 13. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? A life safety CQI tool will be implemented. The maintenance supervisor will complete the tool and present it to the safety committee at the monthly meeting. The Executive Director will be responsible to ensure compliance.</p>			

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K0062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace 1 of 1 sprinkler heads in the upper cabinet of the Activity room and 1 of 4 dish room sprinkler heads which were loaded. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect residents in the Activity room which has a capacity of 8 residents and dish room staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 10/03/12 at 1:15 p.m. and then</p>			K0062	<p>It is the practice of this provider to replace any painted, corroded, damaged, loaded, or in the improper orientation sprinkler heads. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The maintenance supervisor contracted PIPE, Inc to replace the 2 sprinkler heads found to have paint on them. How will you identify other residents having the potential to be affected by the deficient practice and what corrective action will be taken? 8 residents had the potential to be affected by the sprinkler head in the activity area and the dietary staff had the potential to be affected by the sprinkler head found in the dish room area. The maintenance supervisor contracted PIPE, Inc to replace the 2 sprinkler heads that had paint on them. What measures will be put into place or what systemic changes will you make to insure that the deficient practice does not recur? All future renovations will be inspected prior to acceptance to insure that there are no sprinkler heads that have inadvertently gotten paint spray on them. The maintenance</p>		11/02/2012

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	<p>again at 2:25 p.m., there was a buildup of paint on the sprinkler head in the upper cabinet of the Activity room and the sprinkler head above the three compartment sink in the dish room. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>			<p>supervisor will be responsible to check those areas prior to completion of the revovation and discharge of the crew.How will the corrective action be monitored to insure the deficient practice will not recur, i.e., what quality assurance program will be put into place?A life safety CQI tool will be utilized to check sprinkler heads for any paint overspray. The maintenance supervisor will completed the tool and submit it to the safety commitee for review. The Executive Director will be responsible for insuring compliance.</p>			

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K0069 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>Based on record review and interview, the facility failed to ensure 2 of 2 kitchen exhaust systems were maintained in proper working order. NFPA 96, 10-6.5 requires inspection and testing of the total operation and all safety interlocks in accordance with the manufacturer's instructions shall be performed by qualified service personnel a minimum of once every 6 months or more frequently if required. This deficient practice was not in a resident area but could affect kitchen staff.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 10/03/12 at 4:00 p.m., the 360 Degree Services kitchen hood cleaning report titled "Service Report" dated 09/25/12 stated "Customer has a dish hood as well. Needs serviced at next visit. Need extra time on hinge kit installation visit. Duct has never been cleaned or fans. Inaccessible</p>		K0069	<p>It is the practice of this provider to ensure that kitchen exhaust systems are maintained in proper working order. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? 360 degree Services was contracted to install Hinge kit and clean the inaccessible areas per their 9-25-12 report. Hinge kit had to be ordered and will be installed as soon as they receive it. How will you identify other residents having the potential to be affected by the deficient practice and what corrective action will be taken? No residents were potentially affected. Kitchen staff had potential to be affected. Installation of hinge kit and cleaning of exhaust system at that time corrected the deficient practice. What measures will be put into place or what systemic changes will you make to insure that the deficient practice does not recur? All bi-annual maintenance reports from 360 degree Services will be reviewed by the maintenance supervisor for any additional items needing attention. He will bring any issues to the safety committee for review. How will the corrective action be monitored to insure the deficient practice will not recur?</p>		11/02/2012	

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	<p>areas exist: fans and ductwork. Cleaned all accessible areas of exhaust system." Based on an interview with the Maintenance Supervisor at the time of record review, repairs have not been made on the kitchen hood systems.</p> <p>3.1-19(b)</p>			<p>The life safety CQI tool will be utilized to insure compliance. The Executive Director will review the tool at the CQI meeting.</p>			

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K0147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 power strips were not used as a substitute for fixed wiring to provide power from one power strip to another. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect residents in the Therapy room with a capacity of 8 residents and the Marketing office staff.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 10/03/12 at 12:55 p.m. and then again at 2:05 p.m., there was a power strip supplying power to another power strip supplying power to computer equipment in the Marketing office and in the Therapy room. This was acknowledged by the Maintenance</p>		K0147	<p>It is the practice of this provider to have electrical wiring and equipment in accordance with NFPA 70. What corrective action will be accomplished for those residents found to have been affected by the practice? Power strips that were not plugged directly into wall outlets were removed. How will you identify other residents having the potential to be affected by the deficient practice and what corrective action will be taken? 8 residents in the therapy area had the potential to be affected as well as the marketing staff (1 person). The removal of the power strips (on 10-4-12) that were not plugged directly into the wall outlet corrected the deficient practice. What measures will be put into place or what systemic changes will you make to insure that the deficient practice does not recur? Management staff was educated about this practice at morning meeting on 10-19-12 by the maintenance supervisor and the executive director. All are to be checking for power strip usage on environmental rounds and customer care visits. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put</p>		10/19/2012	

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	Supervisor at the time of observations. 3.1-19(b)				into place?The mainenance supervisor will monitor power strip usage on the life safety CQI tool. Tool will be discussed at safety meeting and CQI meeting.		